|  |  |   | PTO/SB/01 MODI                        | IFIED BY AT&T CORP.         |  |  |
|--|--|---|---------------------------------------|-----------------------------|--|--|
| DECLARATION FOR  | Attorney Docket Number   | 199 515   |                                       |                             |  |  |
| UTILITY OR DESIGN  | First Named Inventor   | Vijay K Bhagavat  | h                                     | ,                           |  |  |
| PATENT APPLICATION   | С  | COMPLETE IF KNOWN   |                                       |                             |  |  |
| □ Declaration     □ Declaration  | Application Number   |   |                                       |                             |  |  |
| Submitted <b>OR</b> submitted after with Initial Initial Filing Filing   | Filing Date  |   |                                       |                             |  |  |
|  | Group Art Unit   |   |                                       |                             |  |  |
|  | Examiner Name  |   |                                       |                             |  |  |
|  |  |   |                                       |                             |  |  |
| As a below named inventor, I hereby declare that:  | :  |   |                                       |                             |  |  |
| My residence, post office address, and citizenship are as stated below next to my name.  I believe I am the original, first and sole inventor(if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: |  |   |                                       |                             |  |  |
| Method For Providing Summary Information About Recipients Of IP Multicast Sessions   |  |   |                                       |                             |  |  |
|  | (Title of Invention)   |   | · · · · · · · · · · · · · · · · · · · |                             |  |  |
| the specification of which   |  |   |                                       |                             |  |  |
| is attached hereto   |  |   |                                       |                             |  |  |
| OR   |  |   |                                       |                             |  |  |
| was filed on as United States Application Number or PCT International  |  |   |                                       |                             |  |  |
| Application Number and was amended on (if applicable).   |  |   |                                       |                             |  |  |
| I hereby state that I have reviewed and understand specifically referred to above.   | the contents of the above identified speci   | fication, including the claims                            | s, as amended                         | by any amendment            |  |  |
| I acknowledge the duty to disclose information which   | is material to patentability as defined in T   | itle 37 Code of Federal Regu                              | ulations,§ 1.56.                      |                             |  |  |
| I hereby claim foreign priority benefits under Title 3 certificate, or § 365(a) of any PCT international applhave also identified below, by checking the box, any filling date before that of an application on which prior  | 35, United States Code § 119 (a)-(d) or ication which designated at least one cour foreign application for patent or invento | § 365(b) of any foreign appointry other than the United S | olication(s) for parties              | a, listed below and         |  |  |
| Prior Foreign Application Number(s)  | Country  | Foreign Filing<br>Date                                    | Priority<br>Not                       | Certified Copy<br>Attached? |  |  |

TŲ. Claimed NO

| Additional foreign application numbers       | are listed on a supplemental priority data | sheet PTO/SB/02B attached here                              | to                                |                            |             |
|--|--|---|-----------------------------------|----------------------------|-------------|
| I hereby claim the benefit under 35 U.S.C. 1 | 19(e) of any United States provisional ap  | plication(s) below.   |                                   | <u></u>                    |             |
| Application Number(s)                        | Filing Date( MM/DD/YYYY)                   |   |                                   |                            |             |
|  |  | Additional provisional applic supplemental priority data si | ation numbers a<br>heet PTO/SB/02 | re listed on<br>B attached | a<br>hereto |

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, D.C. 20231

Ŋ Û





## Attorney Docket Number: 1999-0515 DECLARATION - Utility or Design Patent Application

| below and, insofar a<br>by the first paragrap   | enefit under 35 U.S.C. 120 of any United as the subject matter of each of the claims on of 35 U.S.C. 112, I acknowledge the late of the prior application and the national   | of this application is not dis<br>duty to disclose information | closed in the prior United State which is material to patentable    | es or PCT International an                            | plication in the manner provide                                |
|---|--|--|---|---|--|
| U.S. Parer  | rent Application or PCT Parent Parent Filing Date  |  | ng Date   | Parent Pate   | nt Number  |
|   | Number   | (MM/DD/\   | YYY)  | (if appli   | cable)   |
|   |  |  |   |   |  |
| Additional U.   | S. or PCT International application numbe  | rs are listed on a supplemen                                   | atal priority data sheet PTO/SB/                                    | /02B attached hereto.                                 |  |
| As a named inver<br>make alterations  | ntor, I hereby appoint the following re and amendments therein, to receive   | gistered practitioner(s) w<br>the patent, and to transa        | rith full power of substitution<br>ct all business in the Paten     | n and revocation, to pro<br>it and Trademark Office   | secute this application, to connected therewith:               |
| Customer I  | Number   |  | ustomer Number Bar<br>ode Label here                                |   |  |
| OR  |  |  |   |   |  |
| Registered  | practitioner(s) name/registration number li  | sted below   |   |   |  |
|   | Name   | Registration<br>Number   | Name  |   | Registration<br>Number   |
| CONOVER, M  | ichele L.  | 34962  | DE LA ROSA, Jos   | e R.  | 34810  |
| DELACRUZ,   | Cedric G   | 36498  | DWORETSKY, Samuel H. 278  |   |  |
| GARG, Rohi  |  | 45272  | 45272 LEE, Benjamin S. 42787  |   |  |
| LEVY, Robe  |  | 28234 MCHALE, Susan E. 3594                                    |   |   | 35948  |
| RESTAINO,   | homas A. 33444 STEINMETZ, Alfred G. 22971  the following additional registered practitioner(s) named on the supplemental Registered Practitioner Information sheet PTO/SB/o2C attached hereto with figure and appropriate the property of the Potent and Trademoty Office appropriate the property of the prop |  |   |   |  |
| l also appoin   | it the following additional registered practiti<br>secute said application, to make alteration   | ioner(s) named on the suppl<br>s and amendments therein,       | emental Registered Practitione<br>and to transact all business in t | r Information sheet PTO/S<br>the Patent and Trademark | B/02C attached hereto with full<br>Office connected therewith. |
| ÷   | espondence to:   |  |   |   |  |
| I)  | Ī  |  |   |   |  |
| Custo   | ner Number or Bar Code Label (Insert Customer No. or Attach bar code label here) or 🗵 Correspondence address belo  |  |   | rrespondence address below                            |  |
| NAME  | Samuel H. Dworetsky  |  |   |   |  |
| ADDRESS   | AT&T CORP. P.O. Box 4:   | 110  |   |   |  |
| CITY  | Middletown   | STA  | New Jersey  | ZIP CODE  | 07748-4110   |
| COUNTRY   | United States of Amer:   | nited States of America FAX 732-368-693                        |   |   | 732-368-6932   |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. |  |  |   |   |  |
| Name of Sole  | or First Inventor  | A per  | tition has been filed fo  | r this unsigned inv                                   | entor  |
| Nam   | e Vijay K Bhagavath  |  |   |   |  |
| Signatur  | e Vyjay K. Bhaga.  | rath   |   | Date  | 12/15/99   |
| Citizenshi  | p India  |  |   |   |  |
| Address (line 1   | 45 Broadmoor Drive   |  |   |   |  |
| Address (line 2   | Lincroft   |  |   |   |  |
| Address (line 3   | Monmouth County  |  |   |   |  |
| Address (line 4   | New Jersey   |  |   |   |  |
| Address (line 5   | USA  |  |   |   |  |
| Zip Cod   | e 07738  |  |   |   |  |
| Additional  | Inventors are being named on the 1   | seperately numbered she  | eets attached hereto  |   |  |



Attorney Docket Number: 1999-0515

|                        | DECLARATION                  | ADDITIONAI<br>Supplem<br>Page          | nental      | Sheet    |
|------------------------|------------------------------|--|-------------|----------|
| Name of Additi         | onal Joint Inventor, if any: | A petition has been filed for this uns |             |          |
| Name                   | Joseph Thomas O'Neil         |  |             |          |
| Signature /            | Juseph Thomas O'Neil         |  | Date        | 12/22/99 |
| Citizenship            | United States                |  |             |          |
| Address (line 1)       | 40 Hawley Avenue             |  |             |          |
| Address (line 2)       | Staten Island                |  |             |          |
| Address (line 3)       | Richmond County              |  |             |          |
| Address (line 4)       | New York                     |  |             |          |
| Address (line 5)       | USA                          |  |             |          |
| Zip Code               | 10312                        |  |             |          |
| Name of Additi         | onal Joint Inventor, if any: | A petition has been filed for this uns | signed      | inventor |
| Name                   |                              |  |             |          |
| Signature              |                              |  | Date        |          |
| Citizenship            |                              |  |             | ·        |
| Address (line 1)       |                              |  |             |          |
| Address (line 2)       |                              |  |             |          |
| Address (line 3)       |                              |  |             |          |
| Address (line 4)       |                              |  |             |          |
| Address (line 5)       |                              |  |             |          |
| Zip Code               |                              |  |             |          |
|                        | onal Joint Inventor, if any: | A petition has been filed for this uns | signed      | inventor |
| Name                   |                              |  |             | r        |
| <sup>⊞</sup> Signature |                              |  | Date        |          |
| Citizenship            |                              |  |             |          |
| Address (line 1)       |                              |  |             |          |
| Address (line 2)       |                              |  |             |          |
| Address (line 3)       |                              |  |             |          |
| Address (line 4)       |                              |  |             |          |
| Address (line 5)       |                              |  |             |          |
| Zip Code               |                              |  | <del></del> |          |
| Name of Additi         | onal Joint Inventor, if any: | A petition has been filed for this uns | signed      | inventor |
| Name                   |                              |  |             | <u> </u> |
| Signature              |                              |  | Date        |          |
| Citizenship            |                              |  |             |          |
| Address (line 1)       |                              |  |             |          |
| Address (line 2)       |                              |  |             |          |
| Address (line 3)       |                              |  |             |          |
| Address (line 4)       |                              |  |             |          |
| Address (line 5)       |                              |  |             |          |
| Zin Code               |                              |  |             |          |

SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231